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PATELIT	A DDI IOATION	FEE DETERMINATION RECORD
PAIPNI	APPI II:AIII IN	PER DETERMINATION RECEIR
	AI I EIVAIIVII	

Effective October 1, 2000

Application or Dock t Number 800-0052

CLAIMS AS FILED - PART I SMALL ENT											OTHER	THAN	
		(Column	1)	(Column 2)		TYPE			OR	SMALL ENTITY			
TOTAL CLAIMS			34 :				R/	ATE	FEE		RATE	FEE	
FOR			NUMBER F	NUMBER FILED		NUMBER EXTRA		C FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS 34 minus 20=			us 20=	*	14	X	9=	126	OR	X\$18=			
INDEPENDENT CLAIMS // minus 3 =				*	8	X	40=	320	OR	X80=			
MULTIPLE DEPENDENT CLAIM PRESENT						+1	35=		OR	+270=			
* If the difference in column 1 is less than zero, enter				r "0" in c	olumn 2	TO	TAL	801) !	TOTAL			
CLAIMS AS AMENDED - PA			- PAR				<u> </u>		OTHER	THAN			
(Column 1) (Colum					mn 2)	2) (Column 3) SMALL ENTITY					SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	English was a state of the second of	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	9=		OR	X\$18=		
	Independent	+ NTATION OF MI	Minus	***	T CL AINA	=	X	40=		OR	X80=		
<u> </u>	FIRST PRESE	NIATION OF MI	JLIIPLE DEP		I CLAIIVI		+1	35=		OR.	+270=		
								TOTAL		OR	TOTAL		
		(0.1		(0-1	ADDI	T. FEE		I 🗸	ADDIT. FEE				
		(Column 1) CLAIMS		(Colu	mn 2) HEST	(Column 3)			4001	1		4001	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=	X	9=	·	OR	X\$18=		
AME	Independent	*	Minus	***	T OL AINA		X	40=		OR	X80=		
<u>L</u>	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM		+1	35=		OR	+270=		
				· ·			TOTAL		OR	TOTAL			
			•				ADDI	ADDIT. FEE			ADDIT. FEE		
_	ant ordered accounting one as the inflamming one of	(Column 1)	, 281113 TO THE RES		mn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	A .	NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	9=		OR	X\$18=	ï	
	Independent	*	Minus	***	T.O. A.M.	=	X4	40=		OR	X80=		
	FIRST PRESE	NTATION OF M	OLITE DE	ENUEN	I CLAIM		+1	35=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FEE ADDIT. FEE													
***	If the "Highest Nu Th "Highest Nun	mber Previously P nber Previously Pa	aid For" IN THI aid For" (Total o	S SPACE Independ	is less tha d nt) is the	n 3, enter "3." e highest numbe			propriat bo	- x in co			